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## **Review of hosted partnerships**

### **Review of the European Observatory on Health Systems and Policies**

#### **Report by the Director-General**

1. In accordance with Executive Board decision EB132(10) (2013), the Programme, Budget and Administration Committee periodically reviews the arrangements for hosted health partnerships on a case-by-case and timely basis and makes recommendations for the consideration of the Board, as appropriate, through a standing item on the subject on the Board's agenda.
2. This report summarizes the contributions of the European Observatory on Health Systems and Policies<sup>1</sup> to improved health outcomes; the harmonization of its work with the relevant work of WHO; and the different dimensions of the partnership.
3. The Observatory celebrates its Silver Jubilee in 2023. It was founded 25 years ago in 1998 in the wake of the transformation of Europe's health system landscape and as a follow-up to the 1996 Ljubljana Charter and its core principles. It was the first of the WHO hosted partnerships and has made a successful and sustained contribution to WHO's work in the European Region and beyond.
4. The Observatory currently has 19 partners, including WHO and 11 WHO Member States. Austria, Belgium, Finland, Ireland, Norway, Slovenia, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland were joined by the Netherlands in 2023. The partnership also includes: the European Commission, the Veneto region of Italy, the Italian national agency for regional health services, the French national union of health insurance funds, the Health Foundation (a charitable body focused on improving health in the United Kingdom), the London School of Economics and the London School of Hygiene and Tropical Medicine. All its partners intend to renew their commitment for the next five-year partnership period 2024–2028.
5. The WHO Regional Office for Europe hosts the partnership and, together with the other partners, shapes the Observatory's objectives, development and workplans. The Regional Office and partners have defined the Observatory's role in supporting and promoting evidence-informed policy-making, and bridging the gap between research and policy in practice. They have chosen comparative analyses of health systems and trends as the channels to provide decision-makers with insights into the operation of their own health systems and those of others, and explain what is effective in different contexts and why. The Observatory offers countries the evidence they need to strengthen their health systems and bolster their people's health and well-being.
6. The Observatory chose four enduring core functions: country monitoring provides analytic and evaluative descriptions of country health systems and systematically monitors developments; analysis

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<sup>1</sup> See <https://eurohealthobservatory.who.int/>, accessed 18 April 2023.

combines secondary and comparative research, multidisciplinary studies and policy briefs to explore technical issues, and generate and organize evidence on key and emerging challenges; performance assessment supports the development and interpretation of indicators for practical policy use and helps health systems to improve performance; lastly, knowledge brokering makes evidence visible and useful to its target audiences by unpacking and sharing it in a range of formats.

7. The Steering Committee helps to identify and interpret country needs. The Observatory has developed a set of tools and templates to focus on policy relevance and communicate with a focus on uptake. It has shared these tools with other WHO regions and all of its evidence products are open-access, public goods. The Observatory works with Member States and the WHO Secretariat to deliver responsive and tailored evidence packages to meet specific challenges at the country level and at the points in the policy cycle when decision-makers need evidence inputs.

## **CONTRIBUTION TO IMPROVED HEALTH OUTCOMES**

8. The Observatory's contribution to health outcomes is premised on the understanding that health systems make a difference, that health systems work best and have most impact where they are informed by the best evidence, and that health, as one of many sectors contributing to health outcomes, needs to be able to make a case for itself that is rooted in data and analysis and reflects conceptual and practical insights. Health policy-makers are aware of the importance of using evidence but have to navigate a highly complex environment and combine what is desirable with what is feasible and politically expedient. This makes it particularly important to ensure that the evidence may be accessed and used as fully as possible.

9. The pandemic of coronavirus disease (COVID-19) posed immense challenges. WHO Member States in Europe saw huge impacts on health and focused on the contribution health systems make to health and wider societal outcomes. In response to the situation, the Observatory re-engineered all of its key functions and, together with the WHO Regional Office for Europe, delivered evidence and information that helped decision-makers in health and other sectors to improve health outcomes under difficult circumstances. The Observatory continues to provide evidence for policy-makers as they build back and defend the resources invested in the health sector. The Observatory's role during the pandemic demonstrated the way in which it works with WHO and other bodies to enable countries to improve health outcomes.

10. To respond to the pandemic, country monitoring pivoted. The COVID-19 Health Systems Response Monitor<sup>1</sup> was set up jointly with the WHO Regional Office for Europe and the European Commission. The Monitor built on the existing Observatory Health Systems and Policies Monitor,<sup>2</sup> and collected and organized live information on each country's response to the public health emergency. It enabled open access to real-time information from the 53 European Member States, provided by a network of academics, specialists, WHO country offices and practitioners. It addressed early prevention and protection measures, core health system functions (that is how Member States were managing to mobilize human resources and restructure payments to cope with the provision of unforeseen services and the cessation of non-emergency procedures) and captured examples of innovative practice and novel responses. The emergencies team of the WHO Regional Office for Europe and the Directorate-General for Health and Food Safety of the European Commission supported in coordinating and assisting in the interpretation of data, ensuring that countries were able to learn from each other.

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<sup>1</sup> See <https://eurohealthobservatory.who.int/monitors/hcrm/>, accessed 18 April 2023.

<sup>2</sup> See <https://eurohealthobservatory.who.int/monitors/health-systems-monitor>, accessed 18 April 2023.

11. The Health Systems Response Monitor supported comparative analyses to map and share key trends with decision-makers across the region. Snapshots<sup>1</sup> captured critical and evolving COVID-19 challenges relating to population vulnerabilities, strategies for vaccinating hard-to-reach populations, legislative challenges in responding to new needs, maintenance of essential health services, new variants and new technologies to support urgent action. Thematic and in-depth analysis, including a rapid study on health systems resilience,<sup>2</sup> drew on lessons learnt for future emergencies and for recovery from the pandemic to enhance health system performance and secure improved health outcomes. The Observatory collected and presented early evidence concerning long COVID and its implications, with a policy brief developed for the WHO Regional Office for Europe.<sup>3</sup>

12. Lastly, knowledge brokering was transformed in response to the pandemic. The Observatory established a COVID-19 webinar series that allowed countries to share approaches that worked and understand the contexts that made certain options viable in different settings. The webinar series attracted high levels of participation which have been maintained as the Observatory continues through the webinars to share evidence with countries on recovery and other challenges. The Observatory used various modalities to facilitate access to and use of key analysis, including a WHO special issue of Eurohealth on COVID-19 health system governance,<sup>4</sup> a special issue of Health Policy on lessons learned from the COVID-19 Health System Response Monitor at the national and international levels,<sup>5</sup> a set of policy briefs, articles and presentations.

13. All the Observatory's work in response to the pandemic aimed to support Member States, which is consistent with the broader work of the Observatory and its efforts to feed into improved health outcomes. The country monitoring function, for example, has continued to bring together both national and international stakeholders to create opportunities for a collective review and deliver systematic and comparable descriptions of health systems. The Health Systems in Transition review series offers published analysis, online updates and real-time reporting, and increases the accessibility of the findings through a series of summaries.<sup>6</sup> This allows Member States to view their own health system in a European context and observe the materialization of their efforts into health outcomes. In a similar way, the Observatory's work with the European Commission and the Organization for Economic Co-operation and Development relating to the State of Health in the European Union country profiles<sup>7</sup> highlights the links between countries' policies and the effectiveness, accessibility and resilience of their health system, and flags challenges and points of weakness. This series has recently been complemented by the Health Systems in Action insights, co-produced by the WHO Regional Office for Europe, which provides overviews of the health profiles of non-European Union Member States. Together, these series constitute a baseline of shared understanding and information, drawing attention to models to improve health in countries.

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<sup>1</sup> See <https://eurohealthobservatory.who.int/monitors/hcrm/analyses>, accessed 18 April 2023.

<sup>2</sup> See <https://eurohealthobservatory.who.int/publications/i/health-systems-resilience-during-covid-19-lessons-for-building-back-better>, accessed 18 April 2023.

<sup>3</sup> See [https://eurohealthobservatory.who.int/publications/i/in-the-wake-of-the-pandemic-preparing-for-long-covid-\(2021\)](https://eurohealthobservatory.who.int/publications/i/in-the-wake-of-the-pandemic-preparing-for-long-covid-(2021)), accessed 18 April 2023

<sup>4</sup> See <https://eurohealthobservatory.who.int/publications/i/covid-19-and-the-opportunity-to-strengthen-health-system-governance-eurohealth>, accessed 18 April 2023.

<sup>5</sup> See <https://www.sciencedirect.com/journal/health-policy/special-issue/10BGSJR93K3>, accessed 18 April 2023.

<sup>6</sup> See <https://eurohealthobservatory.who.int/publications/HiT-summaries>, accessed 18 April 2023.

<sup>7</sup> See <https://eurohealthobservatory.who.int/publications/country-health-profiles>, accessed 18 April 2023.

14. Analytical work, beyond that on COVID-19, fed into Member States' initiatives to strengthen their health systems and thereby improve health. The Observatory's partners ensure that it identifies areas of policy need and prioritizes those areas where it can add value. The Observatory's approach is then utilized to assemble existing research, highlight policy relevance and present the analysis to policy-makers in various formats. Studies have addressed health workforce, person-centred health systems, quality, hospitals, antimicrobial resistance and other issues concerning Member States. Policy briefs have tackled a host of policy questions, including pharmaceutical price transparency, digital health tools, value-based health care, integrated care, and governance. Analysis has also generated practical support. One such example is the mapping of all the European Union tools and instruments available to Member States to implement health reforms, which was carried out in response to the Slovenian Presidency of the Council of the European Union. The online simulator, Population Ageing financial Sustainability gap for Health systems (PASH),<sup>1</sup> was developed to enable national policy-makers to use evidence in practice, and allows them to model sustainable financing potentialities as populations age. The simulation tools complement a study on the politics of ageing and health<sup>2</sup> and a set of policy briefs to support policy choices.

15. Policy-makers have been supported with health system performance assessment, as a mechanism for improving service organization and delivery, and improving population health. The Observatory worked with the European Union Expert Group on the performance assessment and collaborated closely with WHO to develop a global health system performance assessment framework.<sup>3</sup> The Observatory has also worked with policy-makers from individual countries to assist them in assessing specific aspects of their health system performance to improve health outcomes.

16. Decision-makers in Member States and European institutions can only use evidence to work towards improving health outcomes if it is easy to find, access and use. The Observatory has a proactive approach to knowledge brokering to facilitate uptake by different audiences, and ensures availability of evidence through publications and online posts. It has in-house book publishing<sup>4</sup> and co-publishes with the Cambridge University Press. It delivers policy briefs and generates many articles in both peer-reviewed and generalist journals, and also has its own journal, *Eurohealth*,<sup>5</sup> which bridges the gap between the scientific and policy-making communities. The Observatory's website<sup>6</sup> has been relaunched and provides open access to all its published materials, while social media, such as Twitter and YouTube,<sup>7</sup> e-bulletins and newsletters are used to raise the profile of new evidence.

17. Face-to-face knowledge brokering is perhaps the most effective way of supporting Member States in accessing and acting on evidence. The Observatory delivers personally mediated policy dialogues,

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<sup>1</sup> See <https://eurohealthobservatory.who.int/themes/observatory-programmes/health-and-economy/population-ageing-financial-sustainability-gap-for-health-systems-simulator>, accessed 18 April 2023.

<sup>2</sup> See <https://eurohealthobservatory.who.int/publications/m/ageing-and-health-the-politics-of-better-policies>, accessed 18 April 2023.

<sup>3</sup> See <https://eurohealthobservatory.who.int/publications/i/health-system-performance-assessment-a-framework-for-policy-analysis>, accessed 19 April 2023.

<sup>4</sup> See, for example, <https://eurohealthobservatory.who.int/publications/m/achieving-person-centred-health-systems-evidence-strategies-and-challenges>; <https://eurohealthobservatory.who.int/publications/m/the-changing-role-of-the-hospital-in-european-health-systems>, accessed 19 April 2023.

<sup>5</sup> See, <https://eurohealthobservatory.who.int/publications/eurohealth?publicationtypes=056da79b-9706-4327-a919-b6cea058a088&publicationtypes-hidden=true>, accessed 19 April 2023.

<sup>6</sup> See <https://eurohealthobservatory.who.int/home>, accessed 19 April 2023.

<sup>7</sup> See <https://www.youtube.com/channel/UChc-Xk2PfTy32jORUHSjxdQ>, accessed 19 April 2023.

tailored rapid responses and evidence briefings with the WHO Regional Office for Europe and its partners and networks. Policy dialogues are particularly useful to Member States as they are adapted to their specific and immediate needs. Careful preparation and facilitation create a safe, confidential space for decision-makers to review their options for improved health outcomes. Recent examples include the 17th edition of the Baltic policy dialogue series and dialogue in the Republic of Moldova involving the WHO Regional Office for Europe. The Observatory also supports high-level activities, such as during the Slovenian and French European Union presidencies, organizes the Observatory Venice Summer School,<sup>1</sup> and contributes to conferences, including the European Health Forum Gastein, European Public Health Conference and European Health Management Association, to reach key stakeholders and ensure the conduciveness of its evidence outputs.

18. The Observatory supports Member States in addressing their policy objectives through a combination of its functions. Its activities combine elements of country monitoring and analysis with health systems performance assessments to generate insights into practice. Such activities include multi-country reviews on economic and policy responses to antimicrobial resistance, work on health as a contributor to the economy in a post-COVID Europe, and review of trends, strategies and implementation of skill-mix innovations. It works in close collaboration with its partners and WHO to address practical policy challenges, providing evidence that can help Member States to strengthen their health services and health outcomes.

## **HARMONIZATION OF THE PARTNERSHIP'S WORK WITH THE RELEVANT WORK OF WHO**

19. The WHO Regional Office for Europe hosts the Observatory and is an active member of its Steering Committee. The Regional Office is part of priority-setting and uses biannual meetings, retreats and the development and work planning cycles to inform the partnership of the needs of Member States and of its own activities, thus helping to ensure activities are complementary and mutually reinforcing.

20. The Observatory's work is aligned with the European Programme of Work 2020–2025, the initiatives of the Regional Office and WHO's Thirteenth General Programme of Work, 2019–2025 not only because of the Regional Office's proactive engagement but also because of the shared commitment to achieving synergies of all of its partners, including the 11 WHO Member States. The governance mechanisms that have been put in place support consultation and coordination and preclude duplication.

21. The outputs of the partnership are all intended to support Member States and WHO's priorities and feed into the work of the WHO Regional Office for Europe and its programmes and country offices. This was particularly marked during the COVID-19 pandemic when the Health Systems Response Monitor and its cross-cutting analysis were established, based on joint work with the Regional Office's Division of Country Health Policies and Systems, and a range of country and Regional Office teams. Similarly, the resilience studies and related policy briefs, including on building back after the pandemic,<sup>2</sup> were produced collaboratively to meet the priorities of the Regional Office. The Observatory also contributed to the Pan-European Commission on Health and Sustainable Development (Monti Commission) with evidence to support its strategy development.

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<sup>1</sup> See <https://theobservatorysummerschool.org/>, accessed 19 April 2023.

<sup>2</sup> See <https://eurohealthobservatory.who.int/publications/i/addressing-backlogs-and-managing-waiting-lists-during-and-beyond-the-covid-19-pandemic>, accessed 19 April 2023.

22. The WHO Regional Office for Europe and the Observatory have worked closely together to support countries across a range of issues. The Observatory has provided evidence on improving access to high-quality people-centred health services, the use of primary care as a link to specialist and social care, measures to strengthen health systems to deliver better chronic care, primary health care strategies, and greater equity across the continuum of care. Its analysis of the economics of health, its work on governance for better public health, its understanding of organizational models and financing for effective integrated care, and its exploration of how to implement organizational and technological innovation have drawn on and fed into the work of a range of WHO technical units and reflect Europe's health system challenges, WHO's Thirteenth General Programme of Work, 2019–2025 and the European Programme of Work 2020–2025.

23. The Health System in Action insights<sup>1</sup> on country monitoring illustrate how efforts are harmonized. The insights constitute country overviews for non-European Union Member States, developed with the WHO Regional Office for Europe and its Barcelona Office for Health Systems Financing. They allow countries a clear, accessible and comparable take on their own health system and its comparison with others in just a few pages. They are used as an entry point for strategic discussions and as a calling card for work with other sectors. They are also a platform for strengthening country capacities and highlighting the importance of health system development to improve health outcomes.

24. Another example of harmonization is the work towards strengthening health workforces. The study on skill-mix innovation to enhance primary and chronic care<sup>2</sup> synthesized the evidence on innovations and implementation from across countries and fed into the WHO Year of Health and Care Workers 2021. In addition, the Observatory has a key role in evidence generation and facilitation for WHO's Fifth Global Forum on Human Resources for Health, in April 2023.

25. There has also been close collaboration with the WHO Regional Office for Europe on other aspects of health systems innovation, including a study on the changing role of hospitals in European health care systems, a brief on genomics in health care and public health, and shared work on the use of digital health tools in Europe. The Observatory works with colleagues of the Regional Office on evidence relating to improving access to essential medicines, and on tools to enable countries to address antimicrobial resistance. A study on economic and policy responses to tackle antimicrobial resistance was developed with the Regional Office with the support of the European Commission, and follow-up work is ongoing.<sup>3</sup>

26. The work of the Observatory and WHO is harmonized at both the global and regional levels. The collaboration on health system performance assessment brought together the WHO Deputy Director-General, the WHO Regional Office for Europe, and representatives of all six WHO regions to launch a contribution to WHO thinking on policy and governance for health and well-being. Similarly, the WHO Regional Office for Europe, WHO headquarters and the Observatory have worked synergistically in supporting countries in monitoring and assessing the complex relationships and interdependencies of the economics of health and health systems. This has included an assessment of the ways in which health contributes to economies across G20 states, which was presented at a United Nations General Assembly side meeting led by WHO, as well as a G20 Health Ministers meeting in

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<sup>1</sup> See <https://eurohealthobservatory.who.int/publications/health-systems-in-action-insights>, accessed 19 April 2023.

<sup>2</sup> See Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care, accessed 19 April 2023.

<sup>3</sup> See <https://eurohealthobservatory.who.int/publications/m/challenges-to-tackling-antimicrobial-resistance-economic-and-policy-responses>, accessed 19 April 2023.

Japan in 2019. Collaboration is continuing with respect to primary health care and engagement regarding the private sector's role in delivering public health care.

## **WHO'S INTERACTION WITH THE PARTNERSHIP**

### **Hosting arrangements**

27. WHO and the partnership interact on the clear understanding that the Observatory, its “organizational structure and activities ... form an integral part of the WHO Regional Office for Europe [with] all activities carried out ... in accordance with the WHO Constitution, rules, regulations, and policies” (Article II, 1998 Agreement). The relationship is also guided by the WHO hosted partnerships generic hosting terms, although the Observatory has not yet envisaged the full delegation of authority. Lastly, there is an Observatory Manual, agreed with partners and WHO, which sets out its methods of work and clarifies how governance issues are managed.

28. All partners have an equal voice in the Observatory's Steering Committee, which determines the Observatory's work and development plans. In-depth discussion is currently being held on the renewal of the partnership and the related arrangements for 2024–2028, including an external evaluation, extension of the hub designations, updating of the Observatory Manual, presentation of a distinct log of exceptions, and creation of a new development plan. All partners are committed to extending their involvement and the WHO Regional Office for Europe is providing strategic and practical guidance thereon.

### **Human resources**

29. Observatory staff members are WHO employees. The Director of the Observatory is appointed by the WHO Regional Director for Europe in consultation with the partners and in line with the generic hosting terms for WHO hosted partnerships.

30. The Observatory secretariat comprises 32 staff members with seven additional analysts working on contract, located either in the central secretariat in Brussels or in hubs in London and Berlin. The team is small and relatively flat, although a middle tier of technical staff who can manage projects was established in recent years to increase capacity and ensure long-term continuity.

31. While the Observatory has a team with the knowledge and experience to shape, develop and deliver evidence for policy-makers, it depends greatly on inputs from academia and policy-makers. It leverages a large pool of expertise to fulfil its mandate. Primary research, practical experience and insight is brought to the Observatory by a circle of associates of experts and staff based in hub hosts and contracted by the Observatory and a wider network of some 300–400 external experts.

32. The staff of the Observatory and the WHO Representation to the European Union in Brussels are protected by the host agreement with the Government of Belgium. The Observatory hubs are designated through a formal process overseen by the Observatory Steering Committee. They are currently located at the London School of Hygiene and Tropical Medicine, the London School of Economics and the Technical University of Berlin, and will be redesignated for 2024–2028. Hub staff benefit from being in an academic setting, and the Observatory and the WHO Regional Office for Europe in turn gain from the access to primary research afforded by this.

## **Programme and financial management**

33. The Observatory budget is outside the WHO programme budget and it works on an annual rather than a biennial cycle. The budget has grown over time and in 2022 amounted to some US\$ 7.5 million in revenue. Core income from partners makes up some 60% against 40% of project income. Expenditures in 2022 amounted to US\$ 6.5 million with 65% on staff costs and 35% on activities. The two largest contributors are the WHO Regional Office for Europe, which contributes to the core and to project work (offset by just under US\$ 600 000 in programme support costs) and the European Commission. The Observatory consults closely with the Regional Office on its financial planning and reports, and complies with all relevant rules. It holds reserves of seven months of running costs to protect WHO from liabilities.

34. The Observatory Steering Committee prioritizes financial sustainability and ensures that the Observatory adjusts expenditure to income fluctuations and balances its budget. The partners are committed to covering core staff costs with core income, raising additional project funding, provided it aligns closely with the existing work plan priorities and a preference for multiyear funding, and maintaining reserves equal to or in excess of seven months' running costs.

## **Resource mobilization and cost recovery**

35. The Observatory relies on core contributions and project funding but does not aggressively mobilize resources. It has a diverse range of partners and other contributors and thus is relatively well protected from unforeseen changes. At the same time, the Observatory remains aware of a degree of risk associated with the amount of support it derives from the European Commission and is carefully monitoring this.

36. All funds are cleared by the WHO Regional Office for Europe in accordance with WHO rules and policies, particularly the Framework of Engagement with non-State Actors.

37. The Observatory contributes to administrative and other support services provided by WHO through WHO's cost-recovery mechanism for hosted partnerships.

## **Communications**

38. While the Observatory's communication activities are governed by WHO rules and policies, it employs its own communications and disseminations officer and publications team. Discussions are currently under way with the WHO Regional Office for Europe in the context of the partnership renewal, and the formalization of the log of exceptions, and of elements of the publications policy.

39. The Observatory website has been moved into Sitefinity to address its partners' concerns regarding its effectiveness as a communications tool. The site is more accessible and attractive but there are ongoing concerns about the responsiveness of the headquarters' web team and the ability to innovate and adapt as needed to offer a truly cutting-edge experience to policy-makers.

## **Other organizational policies**

40. The partnership agreement is renewable on a five-yearly cycle and at each new quinquennium the Observatory undergoes an external evaluation and puts in place a five-year development plan. It also completes a formal renewal process of hub designation arrangements. All these procedures are under way.



## CONCLUSIONS

41. The Observatory is currently preparing for its next partnership period and is undergoing an external evaluation. While it is too early to report any conclusions of that evaluation, in interviews facilitated by the evaluators to date, policy-makers indicated that the Observatory makes a genuine contribution to the field of health systems and policies in Europe. Its objectives chime with the needs of the Member States and its ability to react rapidly – re-engineering its functions in emergencies and evolving and adapting its work as the policy environment shifts – is considered valuable. It is difficult to assess impact but it does seem that the combination of country monitoring, analysis and health systems performance assessment, as well as the efforts to broker knowledge, are both worthwhile and sustainable.

42. The Observatory will produce its development plan for 2024–2028 by the end of 2023. It will continue to focus on synergistic work in partnership, evidence generation, and the contribution it can make to better informed policy-making towards universal health coverage and ultimately to better health outcomes.

## ACTION BY THE EXECUTIVE BOARD

43. The Board is invited to note the report and to provide any comments or recommendations it deems pertinent, particularly in respect of the following question:

- Are the Member States satisfied with the hosting arrangements and reporting as described in the report?

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